TX0063215

EXECUTIVE DIRECTOR
TEXAS NATURAL RESOURCE CONSERVATION COMMISSION
ATTN: Water Quality Division
Wastewater Permits Section (MC 148)
Applications Team
P.O. Box 13087
Austin, Texas 78711-3087
(512)239-4433
(512)239-4430 or 239-4888 FAX

FOR COMMISSION USE ONLY

Admin Review Staff
Application Fee Receipt No.
Admin Complete Date
County
Region
Segment
Expiration Date
Proposed/Current Permit #

APPLICATION FOR PERMIT TO DISCHARGE, DEPOSIT OR DISPOSE OF WASTE(S) INTO OR ADJACENT TO WATER IN THE STATE

For a Texas Pollution Discharge Elimination System (TPDES) Permit : The owner of the facility must apply for the permit. The operator is required to apply with owner when the operator is the entity responsible for the overall operation of the facility. (Please see the application instructions regarding "Who Applies for a Permit".)

For a Texas Land Application Permit (TLAP): The owner of the facility must apply for the permit.

For both, Texas Pollution Discharge Elimination System (TPDES) and Texas Land Application Permit (TLAP): The owner of the land where the facility is to be or is located may be required to be a co-permittee. If the facility is considered a fixture of the land (see instructions for definition), the owner of the land is considered part owner of the facility, and would need to apply as co-permittee. Alternatively, the facility owner may obtain a deed recorded easement from the landowner which will give sufficient property rights.

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1. Applicant General Information:

a. Facility Owner: Southwestern Electric Power Company

P.O. Box 21106 Shreveport, LA 71156

* corporation or Other Legal Entity
**Individual

*Corporation or Other Legal Entity: If the application is submitted on behalf of a corporation, identify the charter number or certificate of authority registration number on file with the Texas Secretary of State. Identify the Tax Identification Number as recorded with the State Comptroller of Texas.

actual

0001211866
Charter Number (on file with the Texas Secretary of State)

72-032-3455
Tax Identification Number (on file with the State Comptroller) or Social Security Number

If the application is submitted on behalf of an entity other than an individual and is not registered or chartered with the Texas Secretary of State, include a copy of the agreement which forms the entity.

**Individual: Pursuant to the Texas Water Code 26.027(b), please supply the following information when the applicant is an individual:

Applicant(s): N/A
(Full Legal Name)

Business: _____
(Assumed Business or Professional name - Chapter 36, Business & Commerce Code)

Physical Address of Individual: _____
(Street Address of Place of residence)

City: _____ State: _____ Zip: _____

Sex: _____ State Identification No.: _____ Date of Birth: _____
(Driver's License or Personal ID Certificate)

b. Facility Operator: Southwestern Electric Power Company

(Required if applying for a TPDES Permit)
* Corporation or Other Legal Entity
**Individual

*Corporation or Other Legal Entity: If the application is submitted on behalf of a corporation, identify the charter number or certificate of authority registration number on file with the Texas Secretary of State. Identify the Tax Identification Number as recorded with the State Comptroller of Texas.

0001211866
Charter Number (on file with the Texas Secretary of State)

72- 032-3455
Tax Identification Number (on file with the State Comptroller) or Social Security Number

If the application is submitted on behalf of an entity other than an individual and is not registered or chartered with the Texas Secretary of State, include a copy of the agreement which forms the entity.

**Individual: Pursuant to the Texas Water Code 26.027(b), please supply the following information when the applicant is an individual:

Applicant(s): N/A
(Full Legal Name)

Business: _____
(Assumed Business or Professional name - Chapter 36, Business & Commerce Code)

Physical Address of Individual: _____
(Street Address of Place of residence)

City: _____ State: _____ Zip: _____

Sex: _____ State Identification No.: _____ Date of Birth: _____
(Driver's License or Personal ID Certificate)

c. Address to be used on the permit and for receiving correspondence from the TNRCC:

Address: Franklin L. Mills, Water Quality Specialist

Central & South West Services, Inc.

P. O. Box 660164

City: Dallas State: TX Zip: 75266-0164

d. Identify the person(s) to be contacted for administrative and technical questions during processing of the application. Include the name, address, facsimile number, phone number, title, firm name, where applicable. The person(s) identified will be the contact(s) for the permitting staff if additional information is needed during the process. If the address is the same as item 1 of the application, ple ase indicate "same as item 1".

Franklin L. Mills (214) 777-1507

Water Quality Specialist

Central & South West Services, Inc.

P. O. Box 660164

Dallas, TX 75266-0164

Brian Bond (318) 673-3816

Manager, Waste Management

Southwestern Electric Power Company

P. O. Box 21106

Shreveport, LA 71106

e. Identify the individual to be contacted to publish notice in a newpaper of general circulation in the county where the facility is (to be) located. Only identify one person to be contacted. This person will be notified by the Office of Chief Clerk to publish notice of Application/Draft Permit. Note: This will occur after the draft permit has been mailed to the contact person identified above, for review and comment of the draft permit (after technical review is completed). If the address is the same as item 1 of the application, please indicate "same as item 1".

Franklin L. Mills (214) 777-1507

Water Quality Specialist

Central & South West Services, Inc.

P. O. Box 660164

Dallas, TX 75266-0164

f. If the applicant(s) identified in item 1 is an entity other than an individual, please provide the name of two individuals of both, the owner and operator, that can be contacted by the agency as needed throughout the term of the permit. Include their phone number and address if different than the permanent address to be used for the permit, in item 1 of the application. (i.e., President or Vice President of a Corporation, Utility District, an Elected Official of a City or County, a General Partner of a Partnership, etc.) If the address is the same as item 1 of the application, please indicate "same as item 1".

Owner: Michael D. Smith, President SWEPCO

P.O. Box 21106, Shreveport, LA 71156 (318) 673-3399

Operator: Karen Martin, General Manager, SWEPCO

P.O. Box 21106 Shreveport, LA 71156 (318) 673-3600

g. List each person employed by the State of Texas who represented your company and was paid for services regarding this application. NOTE: Any violation of §382.0591 of the Health and Safety Code, §26.0283 of the Water Code, or §572.054 of the Government Code, relating to conflict of interest, may result in denial of the application or filing of charges with the appropriate office.

N/A

2. Permit Information

a. State Permit Number (if existing): WQ0001811

Expiration Date of Existing Permit: March 21, 2003

b. NPDES Permit No.: TX 0063215

NPDES Permit Expiration Date: October 24, 1998

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NOTE: APPLICANT MUST HAVE BOTH NON-EXPIRED NPDES AND STATE PERMIT, OR TPDES PERMIT TO APPLY FOR A RENEWAL.

c. Type of Permit for Which Application is Submitted (check one):

☐ New TPDES Permit(Original, Unpermitted)

☐ New Texas Land Application Permit(Original, Unpermitted)

☐ Major Amendment (Renewing the permit term)

☒ Major Amendment (without renewal)

(Retain current expiration date. Application requirements are limited to those items that relate to the proposed modification.)

☐ Renewal

☐ Minor Amendment

(Retain current expiration date. Application requirements are limited to those items that relate to the proposed modification. See application instructions to determine if proposed changes can be made through a minor amendment.)

d. Type of Technical Report(s) Attached to Administrative Report for Permit Application. (Please note that a Technical Report is consid ered part of the application for permit):

☐ Domestic Wastewater Application Technical Report

☒ Industrial Wastewater Application Technical Report

☐ Sewage Sludge Technical Report

e. If the application is for a major or minor amendment, briefly list the proposed changes requested in the amendment. A major amendment includes but is not limited to any change that makes a monitoring requirement less stringent, removal of a monitoring requirement, increase in a flow limit, relocating an outfall, increasing acreage or adding authorization for effluent irrigation site, increasing acreage or adding authorization for sewage sludge beneficial use or sludge disposal site, changing disinfection method from chlorination to ultraviolet system, etc. Note: Permits are site specific. If applying for a permit at a di fferent site than currently permitted, an application for a new permit must be submitted.

NA

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f. For any application involving an average daily discharge of five (5) million gallons or more, provide the name of each county or counties located within 100 statute miles downstream of the point(s) of discharge. (30 TAC Subsection 305.93(c))

See Attachment L

3. **Facility/Plant Site Information**

a. Plant Name, if applicable: Welsh Power Plant

b. Physical Street Address of the facility/plant, if available:

Route 4, Box 221, Pittsburg, TX 75686

c. Facility Location:

Latitude: Deg. 33 Min. 03 Sec. 20

Longitude: Deg. 94 Min. 50 Sec. 23

d. Facility/Plant Location Description:

(1) For an existing permitted facility:

Is the location as described on page one of the existing permit correct? ☒ Yes ☐ No

If No, provide a more accurate description in item b., below. If the location is a different site than currently permitted, an application for a new permit must be submitted. Permits are site specific.

(2) For a new permit:

Give a **written location description (not directions)** of the facility (plant) with respect to known or easily identifiable landmarks which can be found on a USGS Topographic map, indicating the miles or feet from major intersections. The description must be detailed enough for the facility to be located on the USGS topographic map submitted with the application.

N/A

e. County(s) where Facility is/is to be Located: Titus

If the waste disposal activity is located in Bexar, Comal, H ays, Kinney, Medina, Travis, Uvalde or Williamson County, is the waste disposal activity subject to 30 TAC Chapter 213, entitled Edwards Aquifer Rules?

N/A

☐ Yes ☐ No

If YES, the applicant may be required to submit additional information concerning methods of aquifer protection.

N/A

f. Identify the name of the nearest city where the proposed/existing facility is be located:

Cason, TX

g. **For Domestic Facilities**, identify type of service provided by this facility:

Public_____ Private_____

Both Public and Private _____

h. Is Facility located on Indian Land? ☐ Yes ☒ No

4. **Effluent Disposal Site Location Description**

Give a written location description (not directions) of the effluent disposal site, if significantly different from the facility site, with respect to known or easily identifiable landmarks which can be found on a USGS Topographic map, indicating the distance from major intersections. If the location is not significantly different from the facility site, indicate "same as facility site description".

"Same as facility site description"

5. **Facility/Plant Ownership Information**

(If the following items are not properly answered, the application may be returned or there may be a significant delay in processing.):

a. Ownership of treatment facility/plant * Southwestern Electric Power Company
(Individual, Corporation or Other Legal Entity)

Address, if different from Question 1: Same as 1

*The owner of the treatment facility must be identified as the applicant in item 1 of the application. The owner of the treatment facility is required to hold the permit. (See application instructions.)

b. Ownership of land where treatment facility/plant is or will be located ** Southwestern Electric Power Company
(Individual, Corporation or Other Legal Entity)

Address, if different from Question 1: Same as 1

**If the owner of the land where the facility is located is different than the owner of the facility, and the facility is considered a fixture of the land (i.e. pond system, evaporation pond, units half-way in ground, holding ponds) the applicant must provide a copy of executed deed recorded easements giving the facility owner sufficient rights to the land or apply as a co-permittee . (See application instructions.)

If the facility is not considered a fixture of the land, a long term lease for the life of the facility must be provided.

Application for new facilities: If the land is to be acquired by the facility owner, a copy of an executed option to purchase agreement must be provided. The agreement must include a statement that the facility will not be constructed until the owner of the facility obtains ownership of the land.

c. Ownership of effluent disposal area for land application system: N/A

***
(Individual, Corporation or other Legal Entity)

Address, if different from Question 1: N/A

***If the owner of the effluent disposal site is not the same as the applicant, provide a copy of a long term lease for the use of the land. If the lease agreement is less than a five year term, the permit may be given a term equivalent to the term of the lease.

6. **Discharge Information**

a. For a currently permitted discharge into a watercourse:

Are the point of discharge and discharge route description the same as described on page one of the current permit.

☒ Yes ☐ No

If no, provide a more accurate description in item b., below. If the point of discharge has changed or a new outfall is proposed, an application for a major amendment must be submitted.

b. For a proposed discharge into a watercourse:

Provide a written description that traces the flow of effluent from the plant site to the nearest major watercourse. (For example: "From the plant site through a six-inch pipe to a county drainage ditch, to an unnamed tributary to Doe Creek, to Doe Creek, then to the Bravos River.")

From the plant discharge structures to Welsh Reservoir, thence to Swauano Creek, thence to Big Cypress Creek in Segment 404 of the Cypress Creek Basin.

c. Is treated wastewater to be discharged to a city, county, or state highway right-of-way, or flood control district drainage ditch?

☐ Yes ☒ No

If YES, the applicant must inform the responsible entity of the proposed discharge plans and seek their approval for the discharge. The applicant must provide with this application proof of contact and copies of any approval letter from such entity.

7. **Land Disposal Information** (not discharged directly into surface water)

a. Provide a written description that traces the flow of effluent to final disposition including transportation and temporary storage (e.g., holding ponds). For example: "From the plant through a six-inch pipe to a holding pond then through a pipe to the irrigation site."

N/A

b. Identify the nearest identifiable watercourse to the disposal site to which rainfall runoff might flow if not contained.

N/A

8. **Site Maps**

a. Attach a **COMPLETE ORIGINAL** (colored) **USGS TOPOGRAPHIC** Quadrangle **MAP(S)** (7 ½ minute scale) (copies are not acceptable). You may obtain original USGS topographic maps by calling 1 (800) 435-7627. On the o riginal map, clearly show and label the following information, as it applies:

See Attachment M

(1) Clearly label and delineate:

(a) The applicant's property boundaries

(b) The boundaries of the wastewater treatment, sewage sludge processing and/or composting facility (plant), within the applicant's property boundaries.

(2) Show an area at least one (1) mile in all directions of the facility and all disposal activities. Adjacent quadrangle maps must be provided, if necessary, to show a one mile radius of the facility and all disposal activities.

(3) (a) Clearly label and identify the point(s) of discharge, by Outfall number,

(b) Trace the discharge route with a highlighter from the point(s) of discharge for a distance of three (3) stream miles or to the point that the effluent reaches a classified segment listed in 30 TAC, Chapter 307, Appendix A. (Note: Do not mark with dark ink over the discharge route. A new original map will be required if the discharge route is not visible.)

(4) Clearly label and delineate the boundaries of effluent surface/subsurface land disposal sites, storage/holding/evaporation ponds, and/or the irrigation disposal area, within the applicant's approximate property boundaries.

(5) Clearly label and delineate the boundaries of the sewage sludge disposal and/or land application sites, identify the location of the disposal/land application area, showing the applicant's approximate property boundaries, buffer zones, and existing drainage patterns.

(6) Indicate the proximity of the plant site, discharge point(s) and/or disposal site(s) to any new or future commercial developments, housing developments, industrial sites, parks, schools and recreational areas.

(7) Clearly label all springs, public water supply wells, surface water supply intakes, water treatment plants, potable water storage facilities and sewage treatment plants within one mile of the treatment facility. See Attachment S

(8) If the discharge route(s) abuts or crosses property which is being utilized as a park, playground or school yard and is within one mile of the point of discharge , highlight the area on the or iginal USGS topographic map. List each park, playground or schoolyard within one mile of the discharge.

THE FOLLOWING ITEM 8.b. IS ONLY REQUIRED FOR NEW PERMIT APPLICATIONS AND MAJOR AMENDMENT PERMIT APPLICATIONS. (The item is not applicable for Renewal or Minor Amendment permit applications.)

See Attachment N

b. Landowners Property Boundary Map and Information. Please refer to the application instructions for examples. The application processing will be significantly delayed if the information is not provided exactly as requested.

(1) Provide a map or drawing, with scale, which includes the fol lowing information:

(a) Applicant's property where the facility/plant is located:

(1) Clearly delineate and label the applicant's property boundaries.

(2) Clearly show and label the location of the wastewater treatment facility/plant within the applicant's property boundaries.

(3) Clearly delineate the approximate property boundaries of the landowners surrounding the applicant's property boundaries.

(4) For domestic wastewater treatment plants, the map must also show the distance of the buffer zone into adjacent property and the approximate property boundaries of the landowners affected by the buffer zone.

(b) For discharge into a water body:

(1) Clearly identify and label the location of the point(s) of discharge.

(2) Highlight and trace the discharge route(s) for one mile downstream from the point of discharge.

(3) Clearly delineate the property boundaries of the landowner's adjacent to the discharge route for one mile downstream from the point of discharge. Or, if the point of discharge is into a lake, bay estuary or area effected by tidal, delineate the approximate property boundaries of the landowners ½ mile in all directions of the outfall(s), along the watercourse.

(c) For land disposal of effluent:

(1) Clearly delineate the boundaries of the irrigation site within the applicant's property boundaries.

(2) Clearly delineate the property boundaries of the landowners surrounding the applicant's property boundaries where the irrigation site is proposed.

(3) Clearly label the location of holding/evaporation pond(s) within the applicant's property boundaries.

(d) For sewage sludge land application/disposal/incineration:

(1) Clearly delineate the boundaries of the beneficial use land application site, sludge disposal site and/or incineration site within the applicant's property boundaries.

(2) Clearly delineate the property boundaries of the landowners surrounding the applicant's property boundaries where the beneficial use land application site and/or incineration site is located.

(3) Clearly delineate the property boundaries of the landowners within ½ mile in all directions from the applicant's property boundaries where the sewage sludge disposal site is located.

N/A

(2) Corresponding list of landowners identified on the above req uested map showing adjacent landowners.

(a) Provide a separate list of the adjacent and surrounding landowners required to be shown on the landowners map above. The list must include the name and complete mailing address of each landowner; and, the list must correspond with the map in a numeric order beginning with number one (1). **A list corresponding by lot and/or tract numbers will not be accepted. Any map and list that is not easily cross referenced and the landowners are not easily identifiable, will be returned for the applicant to revise accordingly.**

(b) Provide the adjacent landowner mailing list on computer disk. If more convenient, printed labels of the list may be provided in lieu of a computer disk. **This means that** before **your permit application can be declared administratively complete,** a complete list of the adjacent landowners identified in the application must be provided on a 3 ½ inch diskette using software compatible with WordPerfect. Or if the list is provided in the form of printed labels, four sets of labels are required.

Please carefully read the following instructions for providing the disk or labels as the application will not be declared administratively complete if the information is not provided exactly as requested.

Instructions for DISK and LABELS:

If the names are submitted on computer disk, please label the disk with the applicant's name and permit number. On the disk itself, type the permit number and applicant's name on the top line before typing the addresses. Names and addresses must be typed in the format indicated below. This format is required by the U.S. Postal Service for machine readability. **Each letter in the name and address must be capitalized, contain no punctuation, and the appropriate two-character abbreviation must be used for the state. Each entity listed must be blocked and spaced consecutively as shown below.**

Example:

Permit No. XXXXX-XXX, Texas Chemical Plant

TERRY M JENKINS
RR 1 BOX 34
WACO TX 76724

MR AND MRS EDWARD PEABODY
1405 MONTAGUE LN
WACO TX 76710-1234

A list submitted on computer disk should be the only item on that disk. Please do not submit the list on a disk that includes maps or other materials submitted with your application.

If you wish to provide the list on printed labels, please use sheets of labels that have 30 labels to a page. Please provide four complete sets of labels of the landowner list.

Each name and corresponding address must appear only once on the mailing labels or disk even if the entity owns more than one parcel of land identified on the landowners map. Please eliminate duplicate names and addresses. Names and addresses should appear in the same order as the list cross referencing the landowner with their property on the landowners map.

(c) The names and mailing addresses of persons identified as potentially affected persons were obtained from:

Titus County Appraisal District

(Source: City, County, School or Water District Records, Abstract Co., etc.)

(3) If the adjacent property ownership list shows the State of Texas to be an adjacent landowner, your application may affect lands dedicated to the permanent school fund. Refer to Texas Water Code §5.115. To determine whether lands dedicated to the permanent school fund are affected, you may submit a request which includes the property location to the General Land Office at the following address:

GENERAL LAND OFFICE
DEPUTY COMMISSIONER OF ASSET ACQUISITION
STEPHEN F AUSTIN BLDG
1700 N CONGRESS
AUSTIN TX 78701

If it is determined that your application may affect lands dedicated to the permanent school fund, your application must include the following information:

(a) State the location of the permanent school fund land to be affected.

N/A

(b) Describe any foreseeable impact or effect of the proposed permitted action on permanent school fund land.

N/A

A formal action or ruling by the Commission on an application affecting permanent school fund land that is made without the notice required by the above-referenced rule is voidable by the School Land Board as to any permanent school fund lands affected by the action or ruling. [Texas Water Code 5.115(g)]

THE FOLLOWING ITEM 8.c. IS ONLY REQUIRED FOR NEW PERMIT APPLICATIONS AND MAJOR AMENDMENT PERMIT APPLICATIONS FOR DOMESTIC FACILITIES. (This item is not applicable for Domestic Renewal permit applications or Industrial New, Amendment, and Renewal permit applications.)

N/A

c. Facility Drawing: Show on a 8½" by 11" site map (to scale) the following:

(1) The applicant's property boundaries.

(2) Each treatment unit and specify the distance from each unit to the property line.

(3) The required buffer zone (set back) in accordance with 30 TAC Chapter 309.

(4) If the required buffer zone (set back) as shown in the facility drawing is not owned by the applicant, indicate the alternat ive to ownership which will be utilized based on 30 TAC Section 309.13(e)(2) or (e)(3) or the request for a variance in acco rdance with 30 TAC Section 309.13(f):

(5) Provide documentation to support the alternative or variance to be utilized to comply with 30 TAC Section 309.13(e) or (f).

(6) Indicate if the facility meets the requirements of 30 TAC Section 309.13(a) through (d):

☐ Yes ☐ No

THE FOLLOWING ITEM 8.d. IS ONLY REQUIRED FOR NEW PERMIT APPLICATIONS AND MAJOR AMENDMENT PERMIT APPLICATIONS. (This item is not applicable if requesting a Renewal permit application). See Attachment O

d. New Facilities and physical expansions of facility: Submit a minimum of one original ground level photograph as instructed in items a. and b., below. Clearly describe the exact location of the photos on a plot plan or map. Indicate the direction (N,E,S or W) that the photographer is facing.

(1) Discharge Applications: Show the location of the wastewater treatment facility, the point of discharge to the receiving watercourse and as much area downstream as may be captured on film. If discharge is to a lake, show the area on either side of the point at which the discharge line is proposed to enter the lake.

(2) Land Disposal: Show the location of the wastewater treatment facility and the general characteristics of the area of disposal.

9. **Additional Permit Coverage for Site**

a. List any other permits, existing or pending, which pertain to pollution control activities conducted at this facility (site) and any other TNRCC permits or licenses.

Hazardous Waste Management Permit No. N/A
Non-Attainment Permit No. N/A
National Emission Standards for Hazardous Pollutants Permit No. N/A
Water Right/Use Permit No. 237A (Water Contract #)
Water Right/Secondary Use Permit No. N/A
TNRCC Certificate of Adjudication 4576
TNRCC Certificate of Convenience and Necessity N/A
On-Site Subsurface Facility Permit N/A
Industrial Solid Waste Registration No. 31086
Dredge and Fill Permit No. N/A
UIC program under SWDA N/A
Sewage Sludge Registration N/A
Sludge/Septage Transporter Registration N/A
Municipal Solid Waste Landfill No. N/A
Other Air quality permit Nos. R-1166, R-4382, R1576, R-4381

b. For domestic wastewater treatment facilities: If any portion of the treated effluent is given or sold to another party for the purpose of irrigation, provide the following:

N/A

(1) Copies of approval letter(s) authorizing use of treated effluent under an approved plan in accordance with 30 TAC Chapter 210, Use of Reclaimed Water, and include the following information:

(2) An estimate of volume of treated effluent in gallons per month.

(3) The number of acres irrigated by each authorized user that is given, sold or otherwise utilizes treated effluent.

c. List any entity that acts as a customer or waste contributor, who maintains a wastewater collection system for transport of their wastewater to the applicant's facility, separate from the applicant.

N/A

10. **Application and Postage Fees**

a. Check the appropriate permit application processing and postage fee below. The application fee must be sent uder separate cover to TNRCC, Revenues Section (see instructions for mailing address). To assist in expediting the application, please include a copy of the check with the application.

(1) **Industrial permit application fees** are based upon the EPA Major/Minor facility designation and the applicability of EPA categorical guidelines (Table 1) for the facility as follows:

	Type of Application	*Application Fees NEW/AMEND	RENEWAL
☐	Minor amendment for a minor facility	$150.00	N/A
☐	Minor amendment for a major facility	$450.00	N/A
☐	New, major amendment and/or renewal for a minor facility not subject to categorical standardspromulgated by EPA (40 CFR Part 400-471)	$350.00	$315.00
☐	New, major amendment and/or renewal for a minor facility subject to categorical standardspromulgated by EPA (40 CFR Part 400-471)	$1,250.00	$1,215.00
☒	New, major amendment and\or renewal for a major facility	$2,050.00	$2,015.00

(2) **Domestic wastewater application fees** are dependent on the type of application and the size of the facility. N/A

	Type of Application	*Application Fees New/Amend	Renewal
	Minor amendment	$150.00	N/A
	Fee for new, major amendment or renewal:		
☐	< .05 MGD	$350.00	$315.00
☐	≥ .05 but < .10	$550.00	$515.00
☐	≥ .10 but < .25	$850.00	$815.00
☐	≥ .25 but < .50	$1,250.00	$1,215.00
☐	≥ .50 but < 1.0	$1,650.00	$1,615.00
☐	≥ 1.0	$2,050.00	$2,015.00

*(Postage fees of $50.00 for New and Amendments and $15.00 for Renewals have been included with the application fees (above) to cover the expenses of the required notice.)(30 TAC, Section 305.53)

11. **Attachments**

Please check each attachment as required to be provided in the administrative report:

☐ Item 1 a copy of the agreement which forms the entity

☐ Item 5 legal easements or lease agreements

XXX Item 8.a. original (colored) USGS topographic map labeling details

XXX Item 8.b. adjacent landowner information for new & major amendments:

- ☐ 1) map showing adjacent landowners
- ☐ 2) list of landowners' names & mailing addresses cross-referenced to map
- ☒ 3) disc of landowners' names & mailing addresses or 4 sets of labels

☐ Item 8.d. buffer zone site map for domestic new & major amendments

XX Item 8.e. ground level photographs for new & major amendments

☐ Item 9 Chapter 210 Water Reuse Authorization

☐ Complete SPIF package for TPDES Permit Applications

Other Attchments:

☐ _____

☐ _____

☐ _____

☐ _____

INSTRUCTIONS FOR SIGNATURE PAGE

Signature on Application: The person who signs the application form should be the applicant(s). If the operator is required to apply as co-per mittee with the facility owner, both signature pages are required.

SIGNATORY REQUIREMENTS:

The application must be signed by the official indicated below, according to the type of entity:

- corporation - a principal executive officer of at least the level of vice president;
- partnership - general partner as identified in the partnership agreement
- sole proprietorship - the proprietor
- municipality - a ranking elected official
- independent school district - at least the level of assistant superintendent
- state, federal or other public facility, the application must be signed by a principal executive officer

When another person signs on behalf of the applicant(s), his/her title or relationship to the applicant must be shown. In all cases, the person signing the form must be authorized to do so by the applicant. A person signing an application on behalf of an applicant(s) must provide proof of authorization. A copy of the authorization letter from the executive officer must be included with the application.

The signature page must bear the seal of a notary public. The date signed by the applicant must be same date notarized. The signature page w ill not be acceptable if the dates are different.

SIGNATURE PAGE

OWNER OF FACILITY:

[I, E. Michael Williams (Typed or Printed Name) V.P. Fossil Generation (Title)

certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the info rmation submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the info rmation submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for known violations.

Signature: E Michael Williams Date: March 2, 2000

NOTE: ALL APPLICATIONS MUST BEAR THE SIGNATURE AND SEAL OF NOTARY PUBLIC.

SUBSCRIBED AND SWORN to before me by the said E Michael Williams on this 2nd day of March, 2000.

My commission expires on the 14th day of April, 2001.

(Seal)

Ann Crosthwait
Notary Public

Dallas
County, Texas

ANN CROSTHWAIT
Notary Public, State of Texas
My Commission Expires
APRIL 14, 2001

RECEIVED
MAY 02 2000
WASTEWATER PERMITS
APPLICATIONS TEAM

SOUTHWESTERN ELECTRIC POWER COMPANY
P. O. BOX 21106 · SHREVEPORT, LOUISIANA 71156-0001

RICHARD H. BREMER
PRESIDENT
CHIEF EXECUTIVE OFFICER

TEL. 318-222-2141
FAX 318-222-9637

July 13, 1994

Mr. E. Michael Williams
Vice President, Fossil Generation
CENTRAL AND SOUTH WEST SERVICES, INC.
P. O. Box 660164
Dallas, Texas 75266-0164

RE: AGENCY APPOINTMENT

Dear Mr. Williams:

The Delaware General Corporation Law and Article VII, Section 2 of the Bylaws of Southwestern Electric Power Company (SWEPCO or the Company) authorize the President of the Company to appoint agents to act on behalf of SWEPCO. Pursuant to this authority, I am hereby appointing and empowering E. Michael Williams, Vice President, Fossil Generation, Central and South West Services, Inc. (CSWS), or any duly appointed successor in office (Fossil Generation Agent) as an agent of SWEPCO with authority and responsibility for acting on SWEPCO's behalf in all matters related to engineering and consulting services, operation, maintenance, construction and projects for Fossil Generation and hydroelectric power plants and all matters related necessary or incidental thereto (collectively "Fossil Generation Management").

In such capacity, the Fossil Generation Agent is authorized and empowered, in the name and on behalf of the Company, acting alone, to execute such contracts, agreements and other instruments relating to Fossil Generation Management, to institute, prosecute, defend or settle any action, suit, arbitration and other form of dispute resolution, litigation or other proceeding related to Fossil Generation Management before any court, administrative agency or other forum and to retain counsel, expert witnesses and consultants and to execute or file any pleadings or other instruments in connection therewith, and to take such other action with respect to Fossil Generation Management as Fossil Generation Agent shall deem necessary and in the best interest of the Company, and is further authorized and empowered to delegate any or all of Fossil Generation Agent's foregoing responsibility and

authority to the person designated by Fossil Generation Agent as Director, ERCOT Region, of CSWS, the person designated by Fossil Generation Agent as Director, Support Services, of CSWS and/or the person designated by Fossil Generation Agent as Director, SPP Region, of CSWS.

Such agency shall become effective on July 12, 1994 and shall continue as set forth herein until modified, suspended or terminated by action of the President or Board of Directors of SWEPCO.

Please acknowledge your receipt and acceptance of this letter of appointment by signing and returning the enclosed copy. This letter will then be forwarded to the Treasurer of SWEPCO for filing among the Company's records.

Very truly yours,

Richard H. Bremer

Richard H. Bremer
President and CEO of
SOUTHWESTERN ELECTRIC POWER COMPANY

Received and accepted
this 13 day of
July, 1994.

E. Michael Williams

E. Michael Williams
Vice President, Fossil Generation
CENTRAL AND SOUTH WEST SERVICES, Inc.

SIGNATURE PAGE

FACILITY OPERATOR:
(THIS ONLY APPLIES IF THE OPERATOR IS REQUIRED TO APPLY AS CO-PERMITTEE)

[I, _____ _____
(Typed or Printed Name) (Title)

certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the info rmation submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the info rmation submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for known violations.

Signature: _____ Date: _____

NOTE: ALL APPLICATIONS MUST BEAR THE SIGNATURE AND SEAL OF NOTARY PUBLIC.

SUBSCRIBED AND SWORN to before me by the said _____ on

this _____ day of _____ , _____

My commission expires on the _____ day

of _____ , _____.

(Seal)

_____
Notary Public

_____
County, Texas

All Applicants Should Complete the Following Items

Permit Number: 01811

Address for receiving Self-Reporting/DMR forms:

Provide the address to be used for receiving self-reporting/DMR forms from the TNRCC. The address given in item 1 of the application will be used if a different address is not provided in the space.

Welsh Power Plant

Rt. 4, Box 221

FM 1735 - Storeroom 65

Pittsburg, TX 75686

Attn: Mike Clifton

Permit Number: 01811

Address for receiving Annual Billing Invoices:

Provide the address to be used for receiving invoices of Annual Water Quality Assessment and Wastewater Treatment fees assessed, September 1. The address given in item 1 of the application will be used if a different address is not provided in the space.

RECEIVED

MAY 02 2000

WASTEWATER PERMITS APPLICATIONS TEAM

Central and South West Service, Inc.

1616 Woodall Rodgers Freeway

Dallas, TX 75202

Attn: David Hall (N6 ENV)

TECHNICAL REPORT

FOR INDUSTRIAL WASTEWATER DISCHARGE PERMITS

(Revised December 1998)

The following information (Items 1-16) must be provided as a minimum to support an industrial wastewater permit application. All attachments (Attachments A-J) need to be reviewed and completed as directed. Do not refer to supplemental reports in lieu of filling out these minimum requirements. If an item does not apply to your facility write N/A to indicate that you have considered it. Please do not include information concerning storm water discharges which are authorized and regulated by an EPA promulgated general permit.

ITEM 1 IS ONLY REQUIRED FOR EXISTING PERMITTED FACILITIES SUBMITTING AMENDMENT APPLICATIONS.

1. Are you requesting an amendment of an existing permit?

   YES __X__ NO _____

   If YES, discuss the scope of any permit changes being requested. Explain why the permit amendment is needed and provide supplemental information or additional data that will support the request.

   See Attachment T

ITEM 2 IS ONLY REQUIRED FOR EXISTING PERMITTED FACILITIES SUBMITTING RENEWAL APPLICATIONS. N/A

2. Are you requesting any minor changes to the permit which include correcting typographical errors, changing the construction schedule for a new source discharger, and/or removing a point source outfall? (Please note that changes such as reductions in monitoring frequencies, removal of effluent limitations, addition of wastestreams, etc., are not considered minor changes.)

   YES _____ NO _____

   If YES, list and discuss the requested changes.

ITEMS 3-16 ARE REQUIRED FOR ALL (NEW, AMENDMENT, AND RENEWAL) PERMIT APPLICATIONS.

3. FACILITY/SITE INFORMATION:

a. Describe the type of facility and industrial or commercial activity at the plant. Provide a detailed description of the processes at the facility which generate wastewater. Your description should include information such as any modifications to your process water/storm water handling facilities, the start-up or shutdown of any process or treatment units, any wastewater recycle projects, or any changes in production throughput.

See Attachment P

b. Describe the general nature of your business and list any Standard Industrial Classification codes that apply.

Steam Electric Power Generation

SIC Code(s) 4911 , _____ , _____ , _____ , _____ , _____

c. Provide a list of raw materials, major intermediates, and products handled at your facility. Provide corresponding Chemical Abstracts Systems (CAS) numbers. Be specific and avoid trade names. For commercial (non-manufacturing) facilities, provide a list of chemicals used on-site which could impact effluent quality. (Attach additional pages if necessary.)

RAW MATERIALS	INTERMEDIATES	PRODUCTS
Coal	Steam	Electricity
Water		
Air		

d. Business operates 24 hours/day 7 days/week 12 months/year.

Will the discharge/disposal be seasonal? _____ YES ___X___ NO.

If YES, please explain.

N/A

e. List any physical, chemical, and/or biological treatment processes that you use for the treatment of wastewater at your facility. This list should be specific and include each unit in the treatment process and dimensions (e.g. dissolved air floatation, chemical precipitation, equalization, pH control, aeration, steam stripping, clarification, anaerobic lagoon). Please specify the associated outfall for each treatment unit and which wastewaters are chlorinated prior to discharge.

Treatment Units:

pH neutralization for various low volume waste streams
Cyclone separator and settling basin for solids removal from bottom ash Waste streams

f. Attach a flow schematic showing each treatment unit (including any lagoons, ponds or impoundments) and all sources of wastewater flow into the treatment plant and to each outfall. This schematic should include process wastewater, cooling water, domestic wastewater, and storm water. A water balance using average flows for each waste stream must be included. (See Attachment J for example.) See Attachment J

g. Attach a facility map (drawn to scale) showing: See Attachment Q

(1) Production areas, maintenance areas, materials handling areas, and waste disposal areas.

(2) The location of each unit of the wastewater treatment plant including the location of sumps and impoundments.

(3) The accurate location of water supply wells and ground water monitoring wells.

(4) The location of outfalls and the outline of the drainage area that flows to each outfall that contains storm water.

4. Please provide the following information concerning each outfall for discharge and each final point of effluent disposal for no-discharge operations: a) describe the location of each discharge outfall (e.g. Outfall 001; at the outlet weir of the treatment plant prior to entering the river) and the sampling location (if different); b) please complete the table to describe discharge or disposal operations; and c) provide a list of the wastestreams (e.g. process wastewater, cooling tower blowdown, once through cooling water, sanitary wastewater) to be discharged or disposed of via this permit.

OUTFALL		LATITUDE DEG	MIN	SEC	LONGITUDE DEG	MIN	SEC	DESCRIPTION OF LOCATION
001	a.	33	02	54	94	50	26	Southern end of secondary ash pond

b.

Discharge or Disposal Method*	Flow hrs/day	Daily Average Flow MGD**	Daily Maximum Flow MGD**	I or C***	P or G****	Type of Flow Measurement Device
D	24	14	15	C	G	weir

c. CONTRIBUTING WASTESTREAMS

Ash transport water. Low volume wastewater, coal pile runoff.

OUTFALL		LATITUDE DEG	MIN	SEC	LONGITUDE DEG	MIN	SEC	DESCRIPTION OF LOCATION
002	a.	33	03	25	94	50	14	On south side of facility adjacent to the intake structure

b.

Discharge or Disposal Method*	Flow hrs/day	Daily Average Flow MGD**	Daily Maximum Flow MGD**	I or C***	P or G****	Type of Flow Measurement Device
D	24	0.004	0.004	I	P	weir

c. CONTRIBUTING WASTESTREAMS

Domestic wastewater

* Please indicate the method of wastewater discharge/disposal:
D = Discharge; I = Irrigation (Land Application);
E = Evaporation; S = Subsurface Disposal (Septic Tank/Drain Fields)

** Please state the flow you are requesting to have authorized by this permit application.

*** Please indicate whether the flow is (I) Intermittent or (C) Continuous.

**** Pumped or gravity flow. If pumped, indicate pump capacity (gpm).

OUTFALL		LATITUDE DEG	MIN	SEC	LONGITUDE DEG	MIN	SEC	DESCRIPTION OF LOCATION
003	a.	33	03	20	94	50	14	End of discharge from condensors

	b. Discharge or Disposal Method*	Flow hrs/day	Daily Average Flow MGD**	Daily Maximum Flow MGD**	I or C***	P or G****	Type of Flow Measurement Device
	D	24	983	1,218	C	P	Pump Curves

c. CONTRIBUTING WASTESTREAMS

Once through cooling water

OUTFALL		LATITUDE DEG	MIN	SEC	LONGITUDE DEG	MIN	SEC	DESCRIPTION OF LOCATION
101	a.	33	03	20	94	50	23	Metal Cleaning pond north of facility

	b. Discharge or Disposal Method*	Flow hrs/day	Daily Average Flow MGD**	Daily Maximum Flow MGD**	I or C***	P or G****	Type of Flow Measurement Device
	D,E	N/A*	N/A*	N/A*	I*	P	Estimate

c. CONTRIBUTING WASTESTREAMS

Metal Cleaning waste

*There is normally no discharge from this outfall.

OUTFALL		LATITUDE DEG	MIN	SEC	LONGITUDE DEG	MIN	SEC	DESCRIPTION OF LOCATION
	a.							

	b. Discharge or Disposal Method*	Flow hrs/day	Daily Average Flow MGD**	Daily Maximum Flow MGD**	I or C***	P or G****	Type of Flow Measurement Device

c. CONTRIBUTING WASTESTREAMS

5. For each outfall regulated in your existing permit which requires you to monitor or report the flow, report the average and maximum values from the Monthly Effluent Reports for the previous 24 months regardless of the required monitoring frequency. Indicate the total number of excursions (NE) over the last 24 months.

Monitoring Start Date November 1997 Monitoring End Date October 1999

OUTFALL	------FLOW (MGD)------ AVERAGE OF DAILY AVERAGE VALUES	MAXIMUM OF DAILY AVERAGE VALUES	NE	FLOW (MGD) MAXIMUM OF DAILY MAXIMUM VALUES	NE	NUMBER OF SAMPLES
001	14	15	0	26	0	730
002	0.004	0.004	0	0.004	0	730
003	983	1,218	0	1,218	0	730
101*	—	—	0	—	0	—

*No Discharge during previous 24 months

6. For each outfall that discharges storm water runoff and is to be regulated by this individual permit, provide the following information (please refer to Attachment K for guidance): N/A

a. Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)

b. Describe any treatment for storm water runoff for each outfall.

c. List the local area rainfall and your source of information.

Average rainfall for wettest month. 5 in/month (May)

25-year 24-hour rainfall. 9.2 inches

Source: National Weather Service

7. Is your treatment facility located above the 100-year frequency flood level?

X YES _____ NO

Source of information: National Weather Service

If NO, then please provide the elevation of the 100-year flood plain, the elevation of the treatment facility, and a description of what protective measures are in use or planned to prevent flooding of the treatment facility?

8. INDUSTRIAL SOLID WASTE MANAGEMENT:

a. Are hazardous wastes treated, stored, or disposed of within the wastewater treatment system at this facility?

_____ YES X NO

If YES, list the EPA hazardous waste number(s) and the units within the wastewater treatment system used to treat, store, or dispose of hazardous wastes. Show the location of these units on the site map.

N/A

b. Locate all active and inactive hazardous and non-hazardous solid waste storage, treatment and/or disposal sites on a facility map.

c. Describe the management of storm water runoff for the solid waste disposal site(s).

The solid waste disposal site is managed so as to prevent storm water that has come in contact with solid waste from discharging to the land surface or Welsh Reservoir.

d. Is any leachate collected from the solid waste disposal site(s)?

YES_____ NO__X__
If YES, describe the leachate collection, treatment and disposal method.

9. DOMESTIC SEWAGE, SEWAGE SLUDGE, AND/OR SEPTAGE MANAGEMENT AND DISPOSAL:

Please check the appropriate method(s) of domestic sewage and domestic sewage sludge treatment/disposal and complete Attachment F if directed.

_____ Domestic sewage is not generated on-site. PROCEED TO QUESTION NO. 10.

__X__ Facility is connected to a wastewater treatment plant permitted to receive domestic sewage or domestic sewage is transported off-site to a permitted facility for treatment and/or disposal. PROVIDE THE NAME AND TNRCC, NPDES, and/or TPDES PERMIT NO. OF THE PLANT WHICH RECEIVES THE DOMESTIC SEWAGE. IF HAULED BY MOTORIZED VEHICLE, PROVIDE THE NAME AND TNRCC REGISTRATION NO. OF THE HAULER. The plant that receives the sanitary sewage sludge is the city of Lone Star, TX waste water treatmen plant. The permit number for the wastewater treatment plant is 12411-01. The permit number of the transporter - Allwaste Environmental Services, Inc. is 002, also referenced as Texas Department of Health (TDH) number 20124.

_____ Industrial wastewater and domestic sewage are commingled prior to wastewater treatment.

_____ Industrial wastewater and domestic sewage are treated separately. Domestic treatment sludges and/or domestic septage are commingled with industrial wastewater treatment sludges prior to sludge use or disposal. COMPLETE ATTACHMENT F OF THIS APPLICATION.

_____ Industrial wastewater and domestic sewage are treated separately. Domestic treatment sludges and/or domestic septage are NOT commingled with industrial wastewater treatment sludges prior to sludge use or disposal. COMPLETE ATTACHMENT F OF THIS APPLICATION.

_____ Domestic sewage is disposed of by on-site septic tank. COMPLETE ATTACHMENT F OF THIS APPLICATION.

_____ Other (Please provide detailed description).

10. Do you receive wastes from off-site sources for a) treatment in your facility, b) disposal on-site via land application (irrigation, evaporation, etc.), and/or c) discharge via a permitted outfall?

_____ YES __X__ NO

If NO, go to Item 11. If YES, proceed as directed.

a. Do you receive wastes, for treatment at your facility, from off-site sources which are directly related to the on-site activities conducted at your facility?

_____ YES _____ NO

If YES, provide a list of the waste(s) received (including volumes, characterization, and compatibility with on-site wastes), identify the source(s) of the waste(s)(name and address of the generator), and describe the relationship of the waste source(s) with your facility's activities.

b. Is wastewater from a TNRCC, NPDES, and/or TPDES permitted facility commingled with your wastewater after your final treatment and prior to discharge via your final outfall or disposal on-site via land application?

_____ YES _____ NO

If YES, provide the name, address, and TNRCC, NPDES, and/or TPDES permit number of the contributing facility and a copy of any agreements and/or contracts relating to this activity.

c. Is your facility a Publicly Owned Treatment Works (POTW) that accepts process wastewater from any Significant Industrial User (SIU) and has or is required to have an approved pretreatment program under the NPDES/TPDES program?

_____ YES _____ NO

If YES, then complete Attachment G of this permit application as directed.

11. SIGNIFICANT LEAKS AND/OR SPILLS

Please provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility within the last three (3) years. Include the approximate date and location of the spill/leak, and the type of material and amount of material released.

N/A

12. COMPLIANCE HISTORY

Are you currently required to meet any implementation schedule for the construction, operation, or upgrading of your wastewater treatment equipment? This requirement includes Federal, State, or local authority permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, or grant and loan conditions.

_____ YES __X__ NO

If YES, provide a brief summary of the requirements.

13. Radioactive materials shall not be discharged in excess of the amount regulated by 25 TAC Sections 289.11-289.126 (relating to Texas Regulations for Control of Radiation) and 30 TAC Chapter 336 (relating to Radiation Rules). If you mine, use, store, or process any radioactive material(s), list the radioactive materials and provide the results of at least one analysis of your effluent in picocuries per liter (pCi/L) for all radioactive parameters which may be present. (This requirement is not applicable to radioactive materials fixed in a device or instrument.) If this application is for a new facility, submit results from similar facilities, treatability studies, or literature sources.

N/A

14. Does your facility use any cooling towers or boilers that discharge blowdown or other wastewater streams to the outfall(s)?

__X__ YES _____ NO See Attachment R

If YES, the following information on all chemical additives including biocides must be submitted for cooling towers and boilers. If aquatic toxicity information is not available, additional effluent biomonitoring may be required. If the MSDS sheets do not contain the information specified below, it will be necessary to obtain the information from the manufacturer. Provide a summary of this information in addition to the submittal of the MSDS sheets. Please specify which outfalls are affected.

a. Manufacturers Product Identification Number.
b. Product Use. (e.g., biocide, fungicide, corrosion inhibitor, etc.)
c. Chemical Composition including Chemical Abstracts System (CAS) number for each ingredient.
d. Product toxicity data specific to fish and aquatic invertebrate organisms. Specify if data is for the whole product or for an active ingredient.
e. Classify product as non-persistent, persistent, or bioaccumulative.
f. Product or active ingredient half-life.
g. If data in Item d., above is for the whole product, indicate the concentration of the whole product in the blowdown stream.
If data in Item d., above is for the active ingredient, indicate the concentration of the active ingredient in the blowdown stream.
h. Frequency of product use (e.g., 2 hr/day once every two weeks).

i. The number of cooling towers on site is _____(e.g., 2,3,4, etc.) and the total blowdown volume is:

Daily Average_____ gallons/day

Daily Maximum_____ gallons/day

j. The number of boilers on site is ___3___ (e.g., 2,3,4, etc.) and the total blowdown volume is:

Daily Average 25,000 gallons/day

Daily Maximum 50,000 gallons/day

15. Does your facility discharge once-through cooling water to the outfall(s)?

__X__ YES _____ NO See Attachment R

If YES, the following information on all chemical additives including chlorine and bromine must be submitted. If aquatic toxicity information is not available, additional effluent biomonitoring may be required. If the MSDS sheets do not contain the information specified below, it will be necessary to obtain the information from the manufacturer. Provide a summary of this information in addition to the submittal of the MSDS sheets. Please specify which outfalls are affected.

a. Manufacturers Product Identification Number.
b. Product Use. (e.g., biocide, fungicide, corrosion inhibitor, etc.)
c. Chemical Composition including Chemical Abstracts System (CAS) number for each ingredient.
d. Product toxicity data specific to fish and aquatic invertebrate organisms. Specify if data is for the whole product or for an active ingredient.
e. Classify product as non-persistent, persistent, or bioaccumulative.
f. Product or active ingredient half-life.
g. If data in Item d., above is for the whole product, indicate the concentration of the whole product in the once-through cooling water stream. If data in Item d., above is for the active ingredient, indicate the concentration of the active ingredient in the once-through cooling water stream.
h. Frequency of product use (e.g., 2 hr/day once every two weeks).

16. IMPOUNDMENTS:

Do you use or plan to use any lagoons, ponds, or impoundments for treatment (T), disposal (D), containment (C), or evaporation (E) of your wastewater?

__X__ YES _____ No If YES, complete items a-d for existing impoundments and items a-i for proposed new impoundments. If no, skip items a-i:

a. What are the dimensions of the impoundment(s)?

	POND 1	POND 2	POND 3	POND 4
Designation: (T) (C) (D) or (E)	T	T		
Length	N/A ft	N/A ft	____ ft	____ ft
Width	N/A ft	N/A ft	____ ft	____ ft
Depth from water surface	N/A ft	N/A ft	____ ft	____ ft
Depth below natural ground level	N/A ft	N/A ft	____ ft	____ ft

For impoundments with irregular shapes, submit surface area (instead of length and width), the average depth, and the maximum depth below natural ground level.

The surface area of Pond 1 is 20 acres.
The surface area of Pond 2 is 4.5 acres.

b. What is the capacity of the impoundment(s)?

	POND 1	POND 2	POND 3	POND 4
Gallons	65,170,200	14,665,500	_____	_____
Acre-Feet	200 @ 10ft	45 @ 10ft	_____	_____

c. If a discharge occurs from the impoundments, designate the Outfall associated with the impoundment.

	POND 1	POND 2	POND 3	POND 4
Outfall No.	001	001	_____	_____

d. Are the impoundments lined to comply with one of the following specifications? Please describe the pond liner.

N/A

(1) Compacted Clay Liner: The soil liner shall contain at least 3 feet, along the sides and bottom, of clay-rich soil material compacted in lifts of no more than 9 inches, to 95% standard proctor density at the optimum moisture content to achieve a permeability equal to or less than 1 x 10^{-7} cm/sec.

(2) In-Situ Clay Liner: The soil liner shall contain at least 3 feet, along the sides and bottom, of clay-rich soil material having more than 30% passing a 200-mesh sieve, liquid limit greater than or equal to 30%, and a plasticity index greater than or equal to 15, to achieve a permeability equal to or less than 1 x 10^{-7} cm/sec.

(3) Plastic/Rubber Liner: The liner shall be either a plastic or rubber membrane liner at least 30 mils in thickness which completely covers the sides and the bottom of the pond and which is not subject to degradation due to reaction with wastewater with which it will come into contact. If this lining material is vulnerable to ozone or ultraviolet deterioration it should be covered with a protective layer of soil of at least 6 inches. A leak detection system is also required.

	YES	NO	Liner Description
Pond 1	___	X	_____
Pond 2	___	X	_____
Pond 3	___	___	_____
Pond 4	___	___	_____

e. Submit any available data on the following: N/A

(1) Liner permeability, liner thickness, test results on liner compatibility with appropriate wastes, test results from clay borrow source, test results from liner construction, etc.

(2) For impoundments constructed using in-situ soils as the liner: submit available soils boring information, the depth of impermeable clay soils, test results on soil permeability, procedures for compaction of top layer of in-situ soil, etc.

(3) Analytical data on wastewater stored in each impoundment. (Additional testing is not being required, initially. However, information regarding levels of the contaminants that are listed in TABLES B-1 through B-9 may be useful in assessing the need for including pond lining requirements in the permit.)

f. Are there any leak detection systems or ground water monitoring wells in place or planned?

_____ YES __X__ NO

If YES, describe in a separate attachment, the leak detection system for each pond and/or attach any available ground water monitoring well data. All ground water monitoring wells must be numbered and accurately located on a map submitted with the application.

Existing ground water monitoring data should be summarized and evaluated to determine if there is a statistically significant trend in concentrations and/or a statistically significant difference compared with background. The ground water monitoring summary should also include information on the monitoring wells such as the driller's logs, well completion data, ground water elevations, sampling procedures, etc.

g. Is the bottom of the pond above the seasonal high water table in the most shallow water bearing zone?

_____ YES __X__ NO

h. On a USGS quadrangle map, accurately locate and identify water supply wells within a 1 mile radius of the impoundments. Submit copies of State Water Well Reports (driller's logs, completion data), and data on depths to ground water for water supply wells including a description of how the depths to ground water were obtained.

See Attachment S

i. Include any other pertinent site-specific data that is available pertaining to the ground water, soils, geology, etc. that has been or can be used to assess the potential for migration of wastes from the impoundments and the potential for contamination of ground water or surface water. Additional data may include logs and location plats of borings, soil analyses, water quality data, etc. N/A

ATTACHMENTS

TO THE INDUSTRIAL WASTEWATER PERMIT APPLICATION TECHNICAL REPORT

The following attachments may be required to be completed and submitted with the technical report. Please indicate, at the end of this section, if the attachment is completed and submitted with the technical report based on the following:

ATTACHMENT A: EPA EFFLUENT CATEGORICAL GUIDELINES

Attachment A is required to be submitted for applications which seek authorization to discharge wastewaters which are subject to USEPA Effluent Limitation Guidelines - Title 40 of the Code of Federal Regulations (40 CFR), Parts 400 - 471.

If your are requesting authorization to discharge a wastewater which is subject to an effluent limitation guideline then complete Attachment A as directed. If your business or industry is not subject to an effluent limitation guideline then skip Attachment A.

ATTACHMENT B: EFFLUENT CHARACTERIZATION AND ANALYTICAL TESTING

Attachment B is required to be submitted for all applications.

ATTACHMENT C: LAND DISPOSAL OF EFFLUENT

Attachment C is required to be submitted for applications which seek authorization for the use of land disposal (irrigation, evaporation, etc.) as a method of effluent disposal.

If this application seeks a new authorization or a renewal (with or without an amendment request) of an existing authorization to use land disposal for effluent disposal then complete Attachment C as directed. If this application does not request any authorization for land disposal of effluent then skip Attachment C.

ATTACHMENT D: TOXICITY TESTING

Attachment D is required to be submitted for applications which contain 1) process wastewater outfalls and/or any other continuous discharge outfalls from an industrial facility subject to EPA Categorical Standards (40 CFR 400-471), 2) process wastewater outfalls and/or any other continuous discharge outfalls from an industrial facility classified as an EPA Major, or 3) treated domestic wastewater from outfalls at flows of 1 MGD or greater. External outfalls conducting routine toxicity testing as a requirement of the currently issued wastewater discharge permit do not need to be re-tested. Internal outfalls also do not need to be tested.

If this application requires toxicity testing, under the conditions stated above, then complete Attachment D as directed. If this application does not require toxicity testing, under the conditions stated above, then skip Attachment D.

ATTACHMENT E: RECEIVING WATERS

Attachment E is required to be submitted for applications for a permit to discharge wastewater into waters in the state.

Attachment E is not required to be submitted for applications for a permit which seeks authorization for the use of land disposal (irrigation, evaporation, etc.) as the only method of effluent disposal with no discharge of wastewater into waters in the state.

ATTACHMENT F: SEWAGE SLUDGE MANAGEMENT AND DISPOSAL

Attachment F is required to be submitted for some applications to obtain information concerning the disposal of domestic sewage sludge and/or domestic septage. Please refer to Item No. 15 on Page No.8 of the technical report to determine if Attachment F is required for your application.

ATTACHMENT G: INDUSTRIAL WASTE CONTRIBUTION

Attachment G is required to be submitted for applications from those facilities which have or are required to have an approved pretreatment program under the TPDES program.

If this facility does have or is required to have an approved pretreatment program under the TPDES program, then complete Attachment G as directed. If this facility does not have and is not required to have an approved pretreatment program under the TPDES program, then skip Attachment G.

ATTACHMENT T

SCOPE OF PROPOSED PERMIT CHANGES

SCOPE OF PROPOSED PERMIT CHANGES

Addition of an Ash Storage Unit

On behalf of Welsh Power Plant, Central and South West Services, Inc. (CSWS) requests inclusion of an additional Ash Storage Unit into the facility design specifications. The Ash Storage units have been located and drawn to size on the original topographic map included in the amendment application as "Attachment M". Any water that is de-watered from the proposed Ash Storage unit will be routed to the ash pond system and discharged through Outfall 001, as appropriate. All of the solid waste regulatory requirements have already been fulfilled for this new unit (prior to initiation of construction), including the required deed recording activities. The types of wastes entering Outfall 001 through the ash pond system from the new ash storage unit will remain the same as they are in existing operations at the facility.

Inclusion of Cooling Towers in Design Specifications for the Facility

CSWS also requests the inclusion of cooling towers located along the discharge canal for Outfall 003 to be specifically identified and included in the design specifications for Welsh Power Plant. As you may recall, Outfall 003 was an internal outfall (Outfall 103) in all of the previous permits. CSWS believes that the nature of the manner in which the outfall was operated and regulated in the past may have gotten lost in the re-designation of the outfall as an external outfall during processing of the new TPDES permit. The water flow diagram (Attachment J) has been revised to include the cooling towers, as appropriate.

During the hot summer months, Welsh has historically used cooling towers to enhance cooling of once-through cooling water once it has been passed through the condensers. These cooling towers are located approximately one-half mile from the power plant, along the canal utilized by the facility to route the waste cooling water to Outfall 003.

After the cooling water is passed through the condensers and enters the canal, the cooling towers can be operated as needed in the hot summer months to enhance cooling of the water before it is re-introduced to Welsh Reservoir. The cooling towers are operated only as a once-through pass system, and are not cycled so as to eliminate the potential to concentrate any potential pollutants. This system is operated solely for the additional temperature benefit it provides to Welsh Reservoir.

The portion of water diverted into the cooling towers can be monitored (as it has in the past via combined samples) prior to being pumped into the towers, and consists of the exact same water that is discharged through Outfall 003. We respectfully request to continue monitoring the cooling water discharge as we have for the previous permits. We believe that the proposed continuance of monitoring is the most consistent method of monitoring given existing operations, and is representative of all of the cooling water that is discharged to the reservoir.

Reduced Monitoring Frequency for Residual Chlorine at Outfall 002

The new TPDES Permit for Welsh Power Plant contains a requirement for Outfall 002 (under footnote 3. on page 2b) that the "effluent shall contain a chlorine residual of at least 1.0 mg/l and a maximum of at least 4.0 mg/l after a retention time of at least 20 minutes (based on peak flow), and shall be monitored five times per week, by grab sample". CSWS hereby requests to have the monitoring frequency for residual chlorine reduced from five times per week to once per week for Outfall 002. This request is proposed in order to provide consistency with the other associated parameter monitoring frequencies for the same outfall (once per week for BOD and Total Suspended Solids).

We appreciate your consideration with regard to the aforementioned requests.

ATTACHMENT H: HAZARDOUS SUBSTANCES

Attachment H is required to be submitted for all applications.

ATTACHMENT I: POLLUTION PREVENTION

Attachment I is required to be submitted for all applications.

ATTACHMENT J: SCHEMATIC OF WASTEWATER FLOWS EXAMPLE

Attachment J is an example of the type of wastewater flow schematic which is expected to be submitted in response to Item No. 3.f. on Page No. 3 of the technical report. The example provided in the application as Attachment J does not need to be submitted with the application. An actual schematic of your facility's wastewater flows must be submitted with application as Attachment J.

ATTACHMENT K: STORM WATER PERMITTING

Attachment K is intended to provide information concerning which conditions require individual TPDES permits for storm water discharges. Attachment K does not need to be submitted with the application.

Please indicate which attachments are completed and submitted with the technical report based on the above information. Attachments that are not applicable do not need to be submitted with the technical report.

	ATTACHMENT	COMPLETED AND SUBMITTED WITH THE TECHNICAL REPORT:			
A:	EPA EFFLUENT CATEGORICAL GUIDELINES	YES	X	NO	
B:	EFFLUENT CHARACTERIZATION AND ANALYTICAL TESTING	YES	X	NO	
C:	LAND DISPOSAL OF EFFLUENT	YES		NO	X
D:	TOXICITY TESTING	YES	X	NO	
E:	RECEIVING WATERS	YES	X	NO	
F:	SEWAGE SLUDGE MANAGEMENT AND DISPOSAL	YES		NO	X
G:	INDUSTRIAL WASTE CONTRIBUTION	YES		NO	X
H:	HAZARDOUS SUBSTANCES	YES	X	NO	
I:	POLLUTION PREVENTION	YES	X	NO	

ATTACHMENT A

EPA EFFLUENT CATEGORICAL GUIDELINES

1. Table A-1 is a list of effluent limitation guidelines as found in Title 40 Code of Federal Regulations, Parts 400 - 471. Check the category(s) that applies to wastewater generated at your facility.

TABLE A-1

	INDUSTRY	40 CFR PART
____	Dairy Products Processing	405
____	Grain Mills	406
____	Canned and Preserved Fruits and Vegetables	407
____	Canned and Preserved Seafood Processing	408
____	Sugar Processing	409
____	Textile Mills	410
____	Cement Manufacturing	411
____	Feedlots	412
____	Electroplating	413
____	Organic Chemicals, Plastics, and Synthetic Fibers	414
____	Inorganic Chemicals	415
____	Soap and Detergent Manufacturing	417
____	Fertilizer Manufacturing	418
____	Petroleum Refining	419
____	Iron and Steel Manufacturing	420
____	Nonferrous Metals Manufacturing	421
____	Phosphate Manufacturing	422
XX	Steam Electric Power Generating	423
____	Ferroalloy Manufacturing	424
____	Leather Tanning and Finishing	425
____	Glass Manufacturing	426
____	Asbestos Manufacturing	427
____	Rubber Manufacturing	428
____	Timber Products Processing	429
____	Pulp, Paper, and Paperboard	430
____	Builders' Paper and Board Mills	431
____	Meat Products	432
____	Metal Finishing	433
____	Coal Mining	434
____	Oil and Gas Extraction	435
____	Mineral Mining and Processing	436
____	Pharmaceutical Manufacturing	439
____	Ore Mining and Dressing	440
____	Paving and Roofing Materials	443
____	Paint Formulating	446
____	Ink Formulating	447
____	Gum and Wood Chemicals Manufacturing	454
____	Pesticide Chemicals	455
____	Explosives Manufacturing	457
____	Carbon Black Manufacturing	458
____	Photographic	459
____	Hospital	460
____	Battery Manufacturing	461
____	Plastics Molding and Forming	463
____	Metal Molding and Casting	464
____	Coil Coating	465
____	Porcelain Enameling	466
____	Aluminum Forming	467
____	Copper Forming	468
____	Electrical and Electronic Components	469
____	Nonferrous Metals Forming and Metal Powders	471
____	N/A	

2. Industrial wastewater must be treated to levels that meet the requirements of applicable USEPA Effluent Limitation Guidelines - Title 40 of the Code of Federal Regulations (40 CFR), Parts 400 - 471. Therefore, the permit application must contain all information necessary to calculate permit limits based on these guidelines.

If limitations in the above referenced guidelines that apply to your facility are expressed in terms of production (e.g. lbs of pollutant/1000 lbs of production), provide a quantity representative of the actual level of production over the last three years, if available, for each category or subcategory. For refineries (40 CFR Part 419), please include the size of each process unit, the throughput of the refinery, and the throughput of each unit.

SUBCATEGORY	ACTUAL QUANTITY/DAY	DESIGN QUANTITY/DAY	UNITS
N/A			

For facilities subject to effluent limitation guidelines for organic chemicals, plastics and synthetic fibers manufacturing, provide the fraction of total plant production that falls into each subpart (for instance, 45% commodity chemicals, 35% bulk chemicals, and 30% specialty chemicals.) Also identify processes in Appendices A and B to 40 CFR Part 414 that are utilized and provide the flow of metal bearing waste streams and cyanide bearing waste streams, if any. See 40 CFR 414.

SUBCATEGORY	% of Total Production	APPENDIX A AND B	
		Metal	Process
N/A			

For refineries (40 CFR Part 419), please identify the specific subcategory (i.e., topping, cracking, petrochemical, lube, and/or integrated) your facility is classified as and include a justification for the classification.

N/A

3. Provide a breakdown of process wastewater flow(s) and non-process wastewater flow(s) as defined for the industry in the appropriate guideline category. This quantitative listing of all wastewater sources is required in addition to a schematic flow diagram.

See Item #4 in Next paragraph

4. Please list all the processes which are both subject to USEPA Effluent Limitation Guidelines and generate a wastewater which is discharged via this permit. Please provide all the requested information for each process listed.

PROCESS	EPA GUIDELINE (PART & SUBPART)	DATE PROCESS BEGAN OPERATION (*1)
Once through cooling water	40 CFR Part 423	March 31, 1977
Low volume wastewater/Ash	40 CFR Part 423	March 31, 1977
Transport water / cool pile runoff (combined)		
Chemical Metal Cleaning Waste	40CFR Part 423	March 31, 1977
Treated Sanitary Sewage Effluent	40 CFR Parts 122,125,136	March 31,1977

(*1) May also include the date construction for the process commenced.

ATTACHMENT B

EFFLUENT CHARACTERIZATION AND ANALYTICAL TESTING

1. GENERAL GUIDANCE FOR ATTACHMENT B:

Attachment B contains a series of analytical tables which may need to be completed in order for the application to be technically complete. Following is a listing of conditions which determine when a particular table is required to be completed and when it is not required. Please note that the term "complete table required" means that all pollutants listed on that table are required to be tested if the table is required and the term "partial table required" means that only certain pollutants from the table (as determined by the instructions) will be required to be tested if the table is required.

TABLE B-1: Complete table required for all external outfalls which do not discharge solely storm water.

Complete table required for all final effluent monitoring points for effluent disposed of via land application or evaporation.

Not required for internal outfalls or storm water only discharges.

TABLE B-2: Complete table required for all external outfalls which discharge process wastewater.

Partial table (only those pollutants that are used at the facility as a feedstock, intermediate, product, byproduct, coproduct, maintenance chemical or that could in any way contribute to contamination in the wastewater streams) required for each continuously discharging nonprocess external outfall (including noncontact cooling water). Please respond with a "N/A" for each individual pollutant which is <u>not</u> analyzed under this condition.

Not required for internal outfalls or storm water only discharges.

TABLE B-3: Partial table (only those pollutants which are required by the conditions specified) required for each external outfall.

Not required for internal outfalls or storm water only discharges.

TABLE B-4: Complete table required for all external outfalls which discharge process wastewater and other wastewaters, which may contain pesticides or herbicides, from a facility which manufactures or formulates pesticides or herbicides.

Not required for internal outfalls or storm water only discharges.

TABLE B-5: Complete table required for all external outfalls.

Not required for internal outfalls or storm water only discharges.

TABLE B-7: Partial table (only those <u>fractions</u> as specified in Table B-6) required for all process wastewater outfalls.

TABLE B-8 Complete table required for each external outfall under the conditions specified.

Not required for internal outfalls or storm water only discharges.

TABLE B-9 Partial table (only those pollutants which are required by the conditions specified) required for each external outfall.

Not required for internal outfalls or storm water only discharges.

Table B-10: Complete table required for all external outfalls which discharge solely storm water runoff associated with "industrial activity" and are not regulated by an NPDES/TPDES multi-sector or construction general storm water permit. Please refer to Attachment K for specific guidance.

TABLE B-11: Partial table (only those pollutants which are required by the conditions specified) required for all external outfalls which discharge solely storm water runoff associated with "industrial activity" and are not regulated by an NPDES/TPDES multi-sector or construction general storm water permit. Please refer to Attachment K for specific guidance.

2. GENERAL REQUIREMENTS FOR ATTACHMENT B:

All information submitted with this attachment shall comply with the following:

a. For pollutants currently regulated in your permit, report the average and maximum values from the Monthly Effluent Reports for the previous 24 months for all pollutants in the existing permit regardless of the required monitoring frequency. (For pH, report the minimum and maximum values.)

b. Tables B-1, B-2, and B-3: For pollutants not currently regulated in your permit, average and maximum concentrations must be calculated from at least four (4) separate analytical results obtained from four (4) grab or composite samples collected at a frequency of 1/week for a period of 4 weeks from the wastewater stream unless otherwise specified in the application or approved by the TNRCC. Prior approval to submit less than four (4) samples should be obtained from the TNRCC prior to application submittal.

Tables B-4, B-5, B-7, B-8, B-9, B-10, and B-11: For pollutants not currently regulated in your permit, average and maximum concentrations may be calculated from at least one (1) analytical result obtained from a grab or composite sample.

The quantitative data may be data collected over the past 365 days.

c. If this application is for a new discharge, results from similar facilities, treatability studies, design information, or literature sources may be submitted when real effluent analytical data is not available. The basis of the "results" submitted should be explained.

d. For facilities which have an intermittent discharge from final retention impoundment(s) when the impoundments reach holding capacity and a discharge is not foreseen in the near future; samples of the effluent currently stored in the impoundment may be used to satisfy the analytical requirements.

e. Test Methods utilized should be sensitive enough to detect the constituents at the Minimum Analytical Level (MAL) specified. For analytical results that are non-detect, please report the analytical values as less than the detection level (example: a result that is non-detect with a detection level of 50 ug/l should be reported as "< 50 ug/l").

f. Grab samples must be used for pH, temperature, cyanide, total phenols, residual chlorine, oil and grease, fecal coliform, and enterococci. 24-hour composite samples must be used for all other pollutants.

g. If any of the analysis reported in this application are performed by a contract laboratory or a consulting firm, please provide the name, address, and telephone number for each laboratory and/or firm. Also specify which pollutants were analyzed by which laboratory/firm.

3. Outfalls that contain any wastewater other than storm water (e.g., process wastewater, utility wastewater, domestic wastewater, groundwater, etc.) must complete TABLE B-1. Facilities that utilize land application or evaporation for wastewater treatment/disposal must also provide these analytical results.

TABLE B-1

OUTFALL 001 Sample Type: GRAB _____ COMPOSITE X

POLLUTANT	INFLUENT CONCENTRATION (mg/l) AVG.	MAX.	NUMBER OF SAMPLES	EFFLUENT CONCENTRATION (mg/l) AVG.	MAX.	NUMBER OF SAMPLES
BOD (5-day)					3	1
CBOD (5-day)					< 2	1
Chemical Oxygen Demand					15	1
Total Organic Carbon					6	1
Ammonia Nitrogen					0.5	1
Total Suspended Solids					21	1
Nitrate Nitrogen					0.2	1
Total Organic Nitrogen					0.5	1
Total Phosphorus					0.23	1
Oil and Grease				< 5	< 5	4
Total Residual Chlorine					---	---
Total Dissolved Solids					437	1
Sulfate					160	1
Chloride					26	1
Fluoride					0.51	1
Fecal Coliform				60	120	4
Temperature (°F)					---	---
pH (Standard Units; min/max)				7.0 (min)	8.4 (MAX)	104

POLLUTANT	EFFLUENT CONCENTRATION (µg/l) AVG.	MAX.	NUMBER OF SAMPLES	MAL µg/l
Total Aluminum		2,553	1	30
Total Antimony		< 30	1	30
Total Arsenic		< 10	1	10
Total Barium		601	1	10
Total Beryllium		< 5	1	5
Total Cadmium		< 1	1	1
Total Chromium	7.7	8	2	10
Trivalent Chromium		< 10	1	--
Hexavalent Chromium		< 10	1	10
Total Copper		< 10	1	10
Cyanide, (Total, Amenable to Chlorination or Weak-Acid Dissociable)	< 20	< 20	4	20
Total Lead		< 5	1	5
Total Mercury		< 0.2	1	0.2
Total Nickel		< 10	1	10
Total Phenols		< 10	1	20
Total Selenium		5.53	1	10
Total Silver		< 2	1	2
Total Thallium		< 10	1	10
Total Zinc		6.7	1	5

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4. TABLE B-2 contains a list of organic compounds included in the Texas Surface Water Quality Standards at 30 TAC 307.6. TABLE B-2 must be completed with the results of an analysis of all pollutants for each outfall that contains process wastewater. In addition, an analysis for each continuously discharging nonprocess outfall (including noncontact cooling water) must be provided for only those pollutants in TABLE B-2 that are used at the facility as a feedstock, intermediate, product, byproduct, coproduct, maintenance chemical or that could in any way contribute to contamination in the wastewater streams.

TABLE B-2

OUTFALL 001

POLLUTANT	CONC. µg/l (*1) AVG.	MAX.	NUMBER OF SAMPLES	MAL (µg/l)
Benzene		< 10	1	10
Benzidine		< 50	1	50
Benzo(a)anthracene		< 10	1	10
Benzo(a)pyrene		< 10	1	10
Bis(chloromethyl)ether (*2)		< 10	1	--
Carbon Tetrachloride		< 10	1	10
Chlorobenzene		< 10	1	10
Chloroform		< 10	1	10
Chrysene		< 10	1	10
Cresols		ND	1	(*3)
Dibromochloromethane		< 10	1	10
1,2-Dibromoethane		< 2	1	2
1,4-Dichlorobenzene		< 10	1	10
1,2-Dichloroethane		< 10	1	10
1,1-Dichloroethylene		< 10	1	10
Fluoride		510	1	500
Hexachlorobenzene		< 10	1	10
Hexachlorobutadiene		< 10	1	10
Hexachloroethane		< 10	1	20
Methyl Ethyl Ketone		< 50	1	50
Nitrobenzene		< 10	1	10
n-Nitrosodiethylamine		< 20	1	20
n-Nitroso-di-n-Butylamine		< 20	1	20
PCB's, Total (*4)		< 10	1	1
Pentachlorobenzene		< 20	1	20
Pentachlorophenol		< 50	1	50
Phenanthrene		< 10	1	10
Pyridine		< 20	1	20
1,2,4,5-Tetrachlorobenzene		< 20	1	20
Tetrachloroethylene		< 10	1	10
Trichloroethylene		< 10	1	10
1,1,1-Trichloroethane		< 10	1	10
2,4,5-Trichlorophenol		< 50	1	50
TTHM (Total Trihalomethanes)		< 10	1	10
Vinyl Chloride		< 10	1	10

(*1) Indicate units if different from µg/l.
(*2) Hydrolyzes in water. Will not require applicant to analyze at this time.
(*3) MAL's for Cresols: p-Chloro-m-Cresol 10 µg/l; 4,6-Dinitro-o-Cresol 50 µg/l; p-Cresol 10 µg/l
(*4) Total of PCB-1242, PCB-1254, PCB-1221, PCB-1232, PCB-1248, PCB-1260, PCB-1016.

5. TABLE B-3 contains testing requirements for the compound "Tributyltin" and for the indicator bacteria "enterococci." Not all applicants are required to test for tributyltin or enterococci. Testing is required only under the following conditions:

A. TRIBUTYLTIN

Testing will be required for 1) industrial/commercial facilities which directly dispose of wastewater from the types of operations listed below OR 2) domestic facilities which receive wastewater from the types of industrial/commercial operations listed below. Please check all that apply.

____ 1) Manufacturers and formulators of tributyltin or related compounds, including, but not limited to SIC code 2879. Testing required.

____ 2) Painting of ships, boats and marine structures, including, but not limited to SIC code 1721. Testing required.

____ 3) Ship and boat building and repairing, including, but not limited to SIC codes 3731, 3732 and 3441. Testing required.

____ 4) Ship and boat cleaning, salvage, wrecking and scaling, including, but not limited to SIC codes 4499 and 7699. Testing required.

____ 5) Operation and maintenance of marine cargo handling facilities and marinas, including, but not limited to SIC codes 4491 and 4493. Testing required.

____ 6) Facilities engaged in wood preserving, including, but not limited to, SIC code 2491. Testing required.

____ 7) Any other industrial/commercial facility for which tributyltin is known to be present, or for which there is any reason to believe that tributyltin may be present in the effluent. Testing required.

X 8) None of the above. No testing required.

B. ENTEROCOCCI

Testing will be required for all dischargers directly into the Houston Ship Channel (classified stream segment nos. 1006 or 1007). Please check all that apply.

____ 1) Discharge is directly to the Houston Ship Channel (classified stream segment number 1006 or 1007). Testing required.

X 2) Discharge is not directly to the Houston Ship Channel (classified stream segment number 1006 or 1007). No testing required.

TABLE B-3

OUTFALL N/A

POLLUTANT	Concentration AVG.	MAX.	Units	NUMBER OF SAMPLES	MAL (µg/l)
Tributyltin					0.010
Enterococci					N/A

6. TABLE B-4 contains a list of pesticide compounds included in the Texas Surface Water Quality Standards at 30 TAC 307.6. TABLE B-4 must be completed if the facility manufactures or formulates pesticides or herbicides. Complete TABLE B-4 with the results of an analyses for each outfall that contains process wastewater or may contain pesticides or herbicides. Report an average and maximum value if more than one analytical result is available.

XX N/A: This facility does not manufacture or formulate pesticides or herbicides.

TABLE B-4

OUTFALL _____ POLLUTANT	CONCENTRATION (µg/l)* AVG.	MAX.	NUMBER OF SAMPLES	MAL (µg/l)
Aldrin				0.05
Alpha-hexachlorocyclohexane				0.05
Beta-hexachlorocyclohexane				0.05
Carbaryl				5
Chlordane				0.15
Chlorpyrifos				0.05
2,4-D				10
Danitol				----
4,4'-DDD				0.1
4,4'-DDE				0.1
4,4'-DDT				0.1
Demeton				0.2
Diazinon				0.5
Dicofol				20
Dieldrin				0.1
Diuron				----
Endosulfan I (alpha)				0.1
Endosulfan II (beta)				0.1
Endosulfan Sulfate				0.1
Endrin				0.1
Gamma - Hexachlorocyclohexane (Lindane)				0.05
Guthion				0.10
Heptachlor				0.05
Heptachlor Epoxide				1.0
Hexachlorophene				10
Malathion				0.10
Methoxychlor				2.0
Mirex				0.2
Parathion				0.1
Toxaphene				5
2,4,5-TP (Silvex)				2

7. Review the following TABLE B-5 and mark the appropriate column with an "X" if you believe a specific constituent to be present or absent in your discharge. Base your determination on your knowledge of raw materials, maintenance chemicals, intermediates, and products handled at your facility and/or previous analyses of your wastewater. You must provide the results of at least one analysis for each constituent believed present. Report an average and maximum value if more than one analytical result is available.

TABLE B-5

OUTFALL 001

POLLUTANT	BELIEVED PRESENT	BELIEVED ABSENT	CONCENTRATION (mg/l)* AVG.	CONCENTRATION (mg/l)* MAX	NUMBER OF SAMPLES
Bromide	___	X	___	< 6	1
Color(PCU)	___	X	___	< 5	1
Nitrate-Nitrite(as N)	X	___	___	0.2	1
Sulfide(as S)	___	X	___	< 1	1
Sulfite(as SO_3)	___	X	___	< 2	1
Surfactants	___	X	___	< 0.1	1
Total Antimony	___	X	___	< 0.005	1
Total Beryllium	___	X	___	< 0.005	1
Total Boron	X	___	___	0.662	1
Total Cobalt	___	X	___	< 0.02	1
Total Iron	X	___	___	0.582	1
Total Magnesium	X	___	___	7.627	1
Total Molybdenum	___	X	___	< 0.03	1
Total Manganese	___	X	___	< 0.02	1
Total Thallium	___	X	___	< 0.01	1
Total Tin	___	X	___	< 0.1	1
Total Titanium	X	___	___	0.128	1

* Indicate units if different from mg/l.

8. Table B-6 is a list of primary industrial categories with a breakdown of Gas Chromatography/Mass Spectrometry (GC/MS) testing requirements for Priority Pollutants. Categories are defined in 40 CFR Parts 400 - 471. Check any category(s) that apply to your facility and provide the indicated analysis for Priority Pollutants listed in Table B-6.

TABLE B-6

	GC/MS Testing Required			
____ N/A				
	Volatile	Acid	Base/Neutral	Pesticides
____ Adhesives and Sealants	Yes	Yes	Yes	No
____ Aluminum Forming	Yes	Yes	Yes	No
____ Auto and Other Laundries	Yes	Yes	Yes	Yes
____ Battery Manufacturing	Yes	No	Yes	No
____ Coal Mining	No	No	No	No
____ Coil Coating	Yes	Yes	Yes	No
____ Copper Forming	Yes	Yes	Yes	No
____ Electric and Electronic Components	Yes	Yes	Yes	Yes
____ Electroplating	Yes	Yes	Yes	No
____ Explosives Manufacturing	No	Yes	Yes	No
____ Foundries	Yes	Yes	Yes	No
____ Gum and Wood Chemicals				
____ Subparts A,B,C,E	Yes	Yes	No	No
____ Subparts D,F	Yes	Yes	Yes	No
____ Inorganic Chemicals	Yes	Yes	Yes	No
____ Iron and Steel Mfg.	Yes	Yes	Yes	No
____ Leather Tanning/Finishing	Yes	Yes	Yes	No
____ Mechanical Products Mfg.	Yes	Yes	Yes	No
____ Nonferrous Metals Mfg.	Yes	Yes	Yes	Yes
____ Ore Mining(Subpart B)	No	Yes	No	No
____ Organic Chemicals, Plastics and Synthetic Fibers	Yes	Yes	Yes	Yes
____ Paint and Ink Formulation	Yes	Yes	Yes	No
____ Pesticides	Yes	Yes	Yes	Yes
____ Petroleum Refining	Yes	Yes	Yes	No
____ Pharmaceutical Preparations	Yes	Yes	Yes	No
____ Photographic Equipment and Supplies	Yes	Yes	Yes	No
____ Plastic Processing	Yes	No	No	No
____ Porcelain Enameling	No	No	No	No
____ Printing and Publishing	Yes	Yes	Yes	Yes
____ Pulp and Paperboard Mills				
____ Subparts A,B,C,D,R	*	Yes	*	Yes
____ Subparts F,G,H,I, K,L,M,N,O,P,	Yes	Yes	*	Yes
____ Subparts E,Q,S,T	Yes	Yes	*	Yes
____ Subparts J,U	Yes	Yes	Yes	*
____ Rubber Processing	Yes	Yes	Yes	No
____ Soap and Detergent Mfg.	Yes	Yes	Yes	No
X Steam Electric Power Plants	Yes	Yes	No	No
____ Textile Mills (Not Subpart C)	Yes	Yes	Yes	No
____ Timber Products Processing	Yes	Yes	Yes	Yes

* Test if "believed present"

9. Table B-7 contains a list of priority pollutants. If you are a primary industry as shown in Table B-6 and process wastewater is discharged, you must analyze for those GC/MS fractions as shown in Table B-7. If you are not a primary industry and if you believe that a specific constituent (except for: acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4,6 dinitrophenol) is present in an amount greater than 10 ppb you must provide the results of at least one analysis. If you believe that acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4,6 dinitrophenol is present in an amount greater than 100 ppb you must provide results for these chemicals. Base your determination on your knowledge of raw materials, maintenance chemicals, intermediates, and products handled at your facility or analysis of your wastewater. Report an average and a maximum value if more than one analytical result is available.

TABLE B-7

OUTFALL 001

POLLUTANT	CONCENTRATION (µg/l)* AVG.	CONCENTRATION (µg/l)* MAX.	NUMBER OF SAMPLES	MAL (µg/l)
VOLATILE COMPOUNDS				
Acrolein		< 50	1	50
Acrylonitrile		< 50	1	50
Benzene		< 10	1	10
Bromoform		< 10	1	10
Carbon Tetrachloride		< 10	1	10
Chlorobenzene		< 10	1	10
Chlorodibromomethane		< 10	1	10
Chloroethane		< 10	1	10
2-Chloroethylvinyl Ether		< 50	1	50
Chloroform		< 10	1	10
Dichlorobromomethane		< 10	1	10
1,1-Dichloroethane		< 10	1	10
1,2-Dichloroethane		< 10	1	10
1,1-Dichloroethylene		< 10	1	10
1,2-Dichloropropane		< 10	1	10
1,3-Dichloropropylene		< 10	1	10
Ethylbenzene		< 10	1	10
Methyl Bromide		< 20	1	20
Methyl Chloride		< 20	1	20
Methylene Chloride		< 20	1	20
1,1,2,2-Tetrachloroethane		< 10	1	10
Tetrachloroethylene		< 10	1	10
Toluene		< 10	1	10
1,2-Trans-Dichloroethylene		< 10	1	10
1,1,1-Trichloroethane		< 10	1	10
1,1,2-Trichloroethane		< 10	1	10
Trichloroethylene		< 10	1	10
Vinyl Chloride		< 10	1	10

* Indicate units if different from µg/l

TABLE B-7 (con't)

OUTFALL 001

POLLUTANT	CONCENTRATION (µg/l)* AVG.	MAX.	NUMBER OF SAMPLES	MAL (µg/l)
ACID COMPOUNDS				
2-Chlorophenol		< 10	1	10
2,4-Dichlorophenol		< 10	1	10
2,4-Dimethylphenol		< 10	1	10
4,6-Dinitro-o-Cresol		< 50	1	50
2,4-Dinitrophenol		< 50	1	50
2-Nitrophenol		< 40	1	20
4-Nitrophenol		< 50	1	50
P-Chloro-m-Cresol		< 20	1	10
Pentachlorophenol		< 50	1	50
Phenol		< 10	1	10
2,4,6-Trichlorophenol		< 10	1	10
BASE/NEUTRAL COMPOUNDS				
Acenaphthene		< 10	1	10
Acenaphthylene		< 10	1	10
Anthracene		< 10	1	10
Benzidine		< 50	1	50
Benzo(a)Anthracene		< 10	1	10
Benzo(a)Pyrene		< 10	1	10
3,4-Benzofluoranthene		< 10	1	10
Benzo(ghi)Perylene		< 20	1	20
Benzo(k)Fluoranthene		< 10	1	10
Bis(2-Chloroethoxy)Methane		< 10	1	10
Bis(2-Chloroethyl)Ether		< 10	1	10
Bis(2-Chloroisopropyl)Ether		< 10	1	10
Bis(2-Ethylhexyl)Phthalate		< 10	1	10
4-Bromophenyl Phenyl Ether		< 10	1	10
Butylbenzyl Phthalate		< 10	1	10
2-Chloronaphthalene		< 10	1	10
4-Chlorophenyl Phenyl Ether		< 10	1	10
Chrysene		< 10	1	10
Dibenzo(a,h)Anthracene		< 20	1	20
1,2-Dichlorobenzene		< 10	1	10
1,3-Dichlorobenzene		< 10	1	10
1,4-Dichlorobenzene		< 10	1	10
3,3-Dichlorobenzidine		< 50	1	50
Diethyl Phthalate		< 10	1	10
Dimethyl Phthalate		< 10	1	10
Di-n-Butyl Phthalate		< 10	1	10
2,4-Dinitrotoluene		< 10	1	10
2,6-Dinitrotoluene		< 10	1	10
Di-n-Octyl Phthalate		< 10	1	10
1,2-Diphenyl Hydrazine (as Azobenzene)		< 20	1	20

* Indicate units if different from µg/l

TABLE B-7 (con't)

OUTFALL 001

POLLUTANT	CONCENTRATION (µg/l)* AVG.	MAX.	NUMBER OF SAMPLES	MAL (µg/l)
BASE/NEUTRAL COMPOUNDS (con't)				
Fluoranthene	____	< 10	1	10
Fluorene	____	< 10	1	10
Hexachlorobenzene	____	< 10	1	10
Hexachlorobutadiene	____	< 10	1	10
Hexachlorocyclopentadiene	____	< 10	1	10
Hexachloroethane	____	< 20	1	20
Indeno(1,2,3-cd)pyrene	____	< 20	1	20
Isophorone	____	< 10	1	10
Naphthalene	____	< 10	1	10
Nitrobenzene	____	< 10	1	10
N-Nitrosodimethylamine	____	< 20	1	20
N-Nitrosodi-n-Propylamine	____	< 20	1	20
N-Nitrosodiphenylamine	____	< 20	1	20
Phenanthrene	____	< 10	1	10
Pyrene	____	< 10	1	10
1,2,4-Trichlorobenzene	____	< 10	1	10
PESTICIDES N/A				
Aldrin	____	____	____	0.05
alpha-BHC	____	____	____	0.05
beta-BHC	____	____	____	0.05
gamma-BHC	____	____	____	0.05
delta-BHC	____	____	____	0.05
Chlordane	____	____	____	0.15
4,4-DDT	____	____	____	0.1
4,4-DDE	____	____	____	0.1
4,4-DDD	____	____	____	0.1
Dieldrin	____	____	____	0.1
alpha-Endosulfan	____	____	____	0.1
beta-Endosulfan	____	____	____	0.1
Endosulfan Sulfate	____	____	____	0.1
Endrin	____	____	____	0.1
Endrin Aldehyde	____	____	____	0.1
Heptachlor	____	____	____	0.05
Heptachlor Epoxide	____	____	____	1.0
PCB-1242	____	____	____	1.0
PCB-1254	____	____	____	1.0
PCB-1221	____	____	____	1.0
PCB-1232	____	____	____	1.0
PCB-1248	____	____	____	1.0
PCB-1260	____	____	____	1.0
PCB-1016	____	____	____	1.0
Toxaphene	____	____	____	5.0

* Indicate units if different from µg/l

3. Outfalls that contain any wastewater other than storm water (e.g., process wastewater, utility wastewater, domestic wastewater, groundwater, etc.) must complete TABLE B-1. Facilities that utilize land application or evaporation for wastewater treatment/disposal must also provide these analytical results.

TABLE B-1

OUTFALL 002 Sample Type: GRAB _____ COMPOSITE X

POLLUTANT	INFLUENT CONCENTRATION (mg/l) AVG.	INFLUENT CONCENTRATION (mg/l) MAX.	NUMBER OF SAMPLES	EFFLUENT CONCENTRATION (mg/l) AVG.	EFFLUENT CONCENTRATION (mg/l) MAX.	NUMBER OF SAMPLES
BOD (5-day)					3	1
CBOD (5-day)					3	1
Chemical Oxygen Demand					19	1
Total Organic Carbon					6	1
Ammonia Nitrogen					<0.1	1
Total Suspended Solids					<4	1
Nitrate Nitrogen					42.7	1
Total Organic Nitrogen					1.1	1
Total Phosphorus					4.0	1
Oil and Grease				<5	<5	4
Total Residual Chlorine					<0.2	1
Total Dissolved Solids					716	1
Sulfate					41	1
Chloride					166	1
Fluoride					0.28	1
Fecal Coliform				51 cfu/100ml	90 cfu/100ml	3*
Temperature (°F)					NA	
pH (Standard Units; min/max)				7.0 Min.	8.0 Max.	104

POLLUTANT	EFFLUENT CONCENTRATION (µg/l) AVG.	EFFLUENT CONCENTRATION (µg/l) MAX.	NUMBER OF SAMPLES	MAL µg/l
Total Aluminum		<30	1	30
Total Antimony		<30	1	30
Total Arsenic		<10	1	10
Total Barium		42.3	1	10
Total Beryllium		<5	1	5
Total Cadmium		<1	1	1
Total Chromium		<10	1	10
Trivalent Chromium		<10	1	--
Hexavalent Chromium		<10	1	10
Total Copper		37.3	1	10
Cyanide, (Total, Amenable to Chlorination or Weak-Acid Dissociable)		NA	___	20
Total Lead		<5	1	5
Total Mercury		<0.2	1	0.2
Total Nickel		<10	1	10
Total Phenols		NA	___	20
Total Selenium		<5	1	10
Total Silver		2.2	1	2
Total Thallium		<10	1	10
Total Zinc		22.1	1	5

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*One sample analysis was omitted due to anomalous results and intermittent nature of discharge. All fecal samples had to be collected during one grab sample period due to intermittent discharge from the treatment plant and the limited availability of representative samples.

4. TABLE B-2 contains a list of organic compounds included in the Texas Surface Water Quality Standards at 30 TAC 307.6. TABLE B-2 must be completed with the results of an analysis of all pollutants for each outfall that contains process wastewater. In addition, an analysis for each continuously discharging nonprocess outfall (including noncontact cooling water) must be provided for only those pollutants in TABLE B-2 that are used at the facility as a feedstock, intermediate, product, byproduct, coproduct, maintenance chemical or that could in any way contribute to contamination in the wastewater streams.

TABLE B-2

OUTFALL 002*

POLLUTANT	CONC. µg/l (*1) AVG.	MAX.	NUMBER OF SAMPLES	MAL (µg/l)
Benzene				10
Benzidine				50
Benzo(a)anthracene				10
Benzo(a)pyrene				10
Bis(chloromethyl)ether (*2)				--
Carbon Tetrachloride				10
Chlorobenzene				10
Chloroform				10
Chrysene				10
Cresols				(*3)
Dibromochloromethane				10
1,2-Dibromoethane				2
1,4-Dichlorobenzene				10
1,2-Dichloroethane				10
1,1-Dichloroethylene				10
Fluoride		280	1	500
Hexachlorobenzene				10
Hexachlorobutadiene				10
Hexachloroethane				20
Methyl Ethyl Ketone				50
Nitrobenzene				10
n-Nitrosodiethylamine				20
n-Nitroso-di-n-Butylamine				20
PCB's, Total (*4)				1
Pentachlorobenzene				20
Pentachlorophenol				50
Phenanthrene				10
Pyridine				20
1,2,4,5-Tetrachlorobenzene				20
Tetrachloroethylene				10
Trichloroethylene				10
1,1,1-Trichloroethane				10
2,4,5-Trichlorophenol				50
TTHM (Total Trihalomethanes)				10
Vinyl Chloride				10

(*1) Indicate units if different from µg/l.
(*2) Hydrolyzes in water. Will not require applicant to analyze at this time.
(*3) MAL's for Cresols: p-Chloro-m-Cresol 10 µg/l; 4,6-Dinitro-o-Cresol 50 µg/l; p-Cresol 10 µg/l
(*4) Total of PCB-1242, PCB-1254, PCB-1221, PCB-1232, PCB-1248, PCB-1260, PCB-1016.

*Outfall 002 receives only domestic wastewater, not process wastewater. Only one parameter on this table has the potential to be present in the discharge.

5. TABLE B-3 contains testing requirements for the compound "Tributyltin" and for the indicator bacteria "enterococci." Not all applicants are required to test for tributyltin or enterococci. Testing is required only under the following conditions:

A. TRIBUTYLTIN

Testing will be required for 1) industrial/commercial facilities which directly dispose of wastewater from the types of operations listed below OR 2) domestic facilities which receive wastewater from the types of industrial/commercial operations listed below. Please check all that apply.

____ 1) Manufacturers and formulators of tributyltin or related compounds, including, but not limited to SIC code 2879. Testing required.

____ 2) Painting of ships, boats and marine structures, including, but not limited to SIC code 1721. Testing required.

____ 3) Ship and boat building and repairing, including, but not limited to SIC codes 3731, 3732 and 3441. Testing required.

____ 4) Ship and boat cleaning, salvage, wrecking and scaling, including, but not limited to SIC codes 4499 and 7699. Testing required.

____ 5) Operation and maintenance of marine cargo handling facilities and marinas, including, but not limited to SIC codes 4491 and 4493. Testing required.

____ 6) Facilities engaged in wood preserving, including, but not limited to, SIC code 2491. Testing required.

____ 7) Any other industrial/commercial facility for which tributyltin is known to be present, or for which there is any reason to believe that tributyltin may be present in the effluent. Testing required.

X 8) None of the above. No testing required.

B. ENTEROCOCCI

Testing will be required for all dischargers directly into the Houston Ship Channel (classified stream segment nos. 1006 or 1007). Please check all that apply.

____ 1) Discharge is directly to the Houston Ship Channel (classified stream segment number 1006 or 1007). Testing required.

X 2) Discharge is not directly to the Houston Ship Channel (classified stream segment number 1006 or 1007). No testing required.

TABLE B-3

N/A

OUTFALL _____

POLLUTANT	Concentration AVG.	MAX.	Units	NUMBER OF SAMPLES	MAL (µg/l)
Tributyltin	_____	_____	_____	_____	0.010
Enterococci	_____	_____	_____	_____	N/A